

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005977(1)

1. Entity Name
Washington Park Neighborhood Association, Inc.

Principal Place of Business Mailing Address
4600 Lenox Blvd. Orlando, FL 32811

2. Principal Place of Business 3. Mailing Address
4600 Lenox Blvd 4600 Lenox Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country
Orlando, FL 32811 Orlando, FL 32811 U.S.A. Orlando, FL 32811 Orlando, FL 32811 U.S.A.

6. Name and Address of Current Registered Agent
Ra22ie Smith
1030 Campanella Ave.
Orlando, FL 32811

7. Name and Address of New Registered Agent
Name Bobby Watson FEI Number 200004745539
Street Address (P.O. Box Number is Not Applicable) 4600 Lenox Blvd. Orlando, FL 32811
City Orlando

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Bobby Watson Bobby Watson DATE 12/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing agent.)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE Pres.	NAME <u>Ra22ie Smith</u> ☒ Delete	STREET ADDRESS <u>1030 Campanella Ave.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>	TITLE Pres.	NAME <u>Bobby Watson</u> ☒ Change ☐ Addition	STREET ADDRESS <u>4600 Lenox Blvd.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>
TITLE VP	NAME <u>Bobby Watson</u> ☒ Delete	STREET ADDRESS <u>4600 Lenox Blvd.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>	TITLE VP	NAME <u>Ra22ie Smith</u> ☒ Change ☒ Addition	STREET ADDRESS <u>1030 Campanella Ave.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>
TITLE Treas.	NAME <u>T Juanita Sanders</u> ☐ Delete	STREET ADDRESS <u>4519 Lenox Blvd.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>	TITLE Treas.	NAME <u>T Juanita Sanders</u> ☐ Change ☐ Addition	STREET ADDRESS <u>4519 Lenox Blvd.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>
TITLE Secy	NAME <u>Mary Davis</u> ☒ Delete	STREET ADDRESS <u>4637 Lenox Blvd.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>	TITLE Secy	NAME <u>Jeaneve Wells</u> ☐ Change ☒ Addition	STREET ADDRESS <u>4559 W. Gore St.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>
TITLE ASST. Secy	NAME <u>Sergeant at Arms Josephine Watson</u> ☐ Delete	STREET ADDRESS <u>4600 Lenox Blvd.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>	TITLE ASST. Secy	NAME <u>Sergeant at Arms Josephine Watson</u> ☐ Change ☐ Addition	STREET ADDRESS <u>4600 Lenox Blvd.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>
TITLE ASST. Secy	NAME <u>Kimberly Y. Oliver</u> ☐ Change ☒ Addition	STREET ADDRESS <u>4404 Lenox Blvd.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>	TITLE ASST. Secy	NAME <u>Kimberly Y. Oliver</u> ☐ Change ☒ Addition	STREET ADDRESS <u>4404 Lenox Blvd.</u> CITY-ST-ZIP <u>Orlando, FL 32811</u>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bobby Watson Bobby Watson DATE 12/10/01 407-290-0349
Signature, typed or printed name of signing officer or director. (NOTE: Registered Agent signature required when changing agent.)

FILED

01 DEC 17 PM 2:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

RESTATEMENT

CR2001 (11/00)